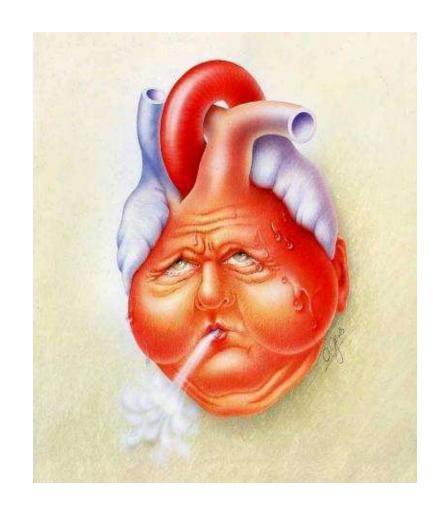




Part 3: Chronic Heart Failure Continued

Karen Kopacek, M.S., R.Ph. Associate Professor (CHS) Spring 2021





HF Case: Part 2

- SB is a 64 yo female who presents to clinic complaining of SOB with getting dressed and difficulty sleeping at night due to coughing.
- She notices her ankles are swollen and her socks leave a pronounced mark on her legs.
- She feels nauseous and gets full after eating only half of her meals.
- She can't exercise lately due to fatigue and weakness.





43

HF Case Continued

- Physical exam:
 - Vitals: BP 128/72 mmHg, HR 72 bpm, RR 16 breaths/min
 - Ht: 66 inches, wt 71 kg ("dry" weight 68kg)
 - HEENT: JVP 10cm water
 - Heart: RRR, S3 present
 - Abd: soft, nontender, normal bowel sounds
 - Ext: 2+ pitting edema bilaterally
 - Lungs: CTA
- Chest X-ray: cardiomegaly
- ECHO: EF 20%





Question #1

- Which type of HF does this patient have?
 - a. HFrEF
 - b. HFpEF

 Describe what is happening in the heart based on the type of HF SB has.





Question #2

- Which of SB's <u>signs and physical findings</u> indicate the presence of congestion?
 - a. BP
 - b. Nausea with eating
 - c. Cardiomegaly
 - d. JVP
 - e. HR



HF Case Continued

Home medications include:

- Atorvastatin 40mg po qhs
- Diltiazem SR 240mg po bid
- Isosorbide mononitrate 120mg po qam
- Nitroglycerin 0.4mg SL PRN CP
- Lansoprazole 30mg po qhs
- Aspirin 81mg po qday
- Ibuprofen 400mg po PRN headaches



Question #3

 Which medications could be exacerbating her condition?

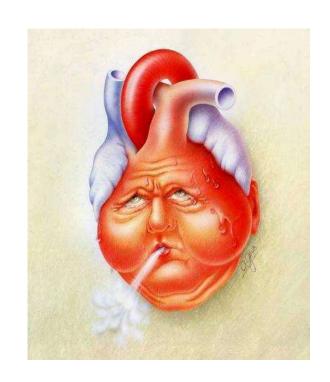
 What is the mechanism that is causing these medications to exacerbate SB's HF?





HF Part 3

- Goals of Therapy
- Non-Drug Therapies







Objectives for Part 3

- List goals of therapy for the treatment of HF.
- Describe non-drug therapies recommended for the management of HF.





Overall Goals of HF Therapy

- Improve quality of life
- Reduce symptoms
- Reduce hospitalizations
- Slow progression of disease
- Prolong survival







Disease Management Goals

- Remove underlying causes and control RF
 - Treatment of HTN
 - Avoid non-DHP CCBs
 - DPH CCBs (amlodipine, felodipine) safe to use in HF for treatment of angina and HTN
 - Treatment of DM
 - Caution with glitazones
 - Use of SGLT₂ inhibitors (preferred) and GLP-1 receptor agonists
 - SGLT2 inhibitors: dapagliflozin, empagliflozin
 - GLP-1 RA: liraglutide, semaglutide
 - Treatment of dyslipidemia

2021 Update to the 2017 ACC Expert Consensus Decision Pathway for Optimization of HF Treatment. JACC 2021;77:772–810.





Disease Management Goals

Remove causes that lead to exacerbation

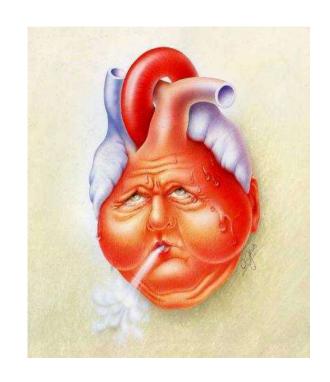
- Control state of heart failure
 - Improve cardiac performance
 - Reduce cardiac workload
 - Control sodium and water overload





HF Part 3

- Goals of Therapy
- Non-Drug Therapies for HF







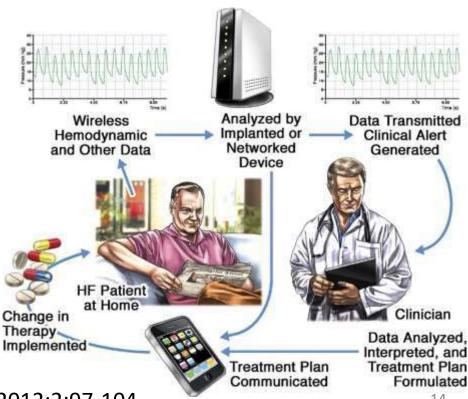
Non-Drug Therapies



General Monitoring:

- Symptoms of worsening HF
- Weigh daily: call if weight increases by ≥ 3 # overnight or ≥ 5 # over 5 days
- BP and orthostasis









Non-Drug Therapies



- Diet: Low sodium, goal
 is ≤ 2 grams sodium/day
 - No added table salt, avoid cooking with salt (use spices instead), watch intake of salt substitutes (K+ content)
 - Fluid restriction is optional: limit to 2 L per day
 - Alcohol: limit, or avoid in alcoholic cardiomyopathy



Non-Drug Therapy Continued

Weight reduction: goal is within 15% of IBW

Activity and Rehabilitation programs:

- Supervised exercise to decrease atrophy of skeletal and heart muscles
- Heavy lifting not recommended (over 30 lb)

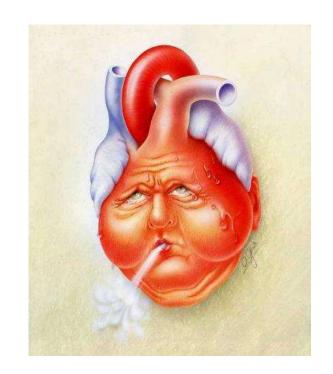






HF Part 3

- Goals of Therapy
- Non-Drug Therapies



Part 4: Medication Therapies for HF*r*EF

